

Improving Maternal Labor and Delivery Experience: A Review of Satisfaction Factors and Service Quality

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Abstract: This paper explores the concept of maternal labor experience, describes an assessment tool for evaluating maternal satisfaction with childbirth, and analyses the current state of maternal satisfaction and the factors influencing it. It highlights measures to improve maternal labor experience and satisfaction during pregnancy, labor, and postpartum. The aim is to engage clinical care providers and offer suggestions for future research on improving delivery care.

Keywords: Maternity, Labor experience, Satisfaction, Literature review

1. Introduction

Patient satisfaction is an important indicator of healthcare quality. With the ongoing reforms in China's healthcare system, patient satisfaction has not only become a guiding principle for national health policy but is also gaining increasing attention from the public^[1]. As the reform of China's health system deepens, patient satisfaction has become the direction of national health policy and the focus of the general public. As an important life event in a woman's life, maternal satisfaction with the labor and delivery experience is regarded as one of the most important indicators for evaluating the quality of obstetric services^[2]. The quality of obstetric services is considered to be one of the most important indicators of healthcare. Moreover, women's satisfaction with their labor and delivery experience can have both immediate and long-term impacts on their health and their babies^[3]. A satisfying labor and delivery experience can enhance women's self-efficacy and responsibility, increasing their likelihood of opting for future births^[4,5]. The negative memories of the birth experience, however, can hurt the mother's health. However, negative memories of the birth experience can last up to five years or more, leading to postpartum depression and impaired early mother-infant bonding^[6,7]. The Chinese government has long been committed to maternal and child healthcare. China's government has always been committed to maternal and child health care, and the Maternal and Child Safety Action Enhancement Plan (2021-2025) emphasizes improving service quality, enhancing satisfaction with childbirth, and promoting the high-quality development of maternal and child safety, with a focus on maternal-centered and humanized services^[8]. Therefore, understanding the maternal experience of childbirth provides a foundation for healthcare professionals to implement targeted measures, which are crucial for promoting both the physical and mental health of mothers and improving overall healthcare quality. Research on maternal labor and delivery experiences in China is still in its early stages, and this paper aims to summarize the current state of research to enhance maternal satisfaction and improve midwifery services.

2. Evaluation of childbirth experience and satisfaction

The birth experience is defined as a woman's self-assessment of her long-term memory of the childbirth event^[9]. Labor satisfaction, a complex psychological response, relates to a mother's evaluation of the labor and delivery process. While widely discussed, it remains difficult to clearly define. Wendy Christiaens and Bertucci view labor satisfaction as a positive evaluation of various aspects of labor and delivery by the mother^[10,11]. Robinson, as early as 1998, emphasized that satisfaction involves an objective assessment of all aspects related to care, with the safety of both mother and baby being the primary goal of obstetric care^[12]. Caballero et al. highlighted several key factors influencing satisfaction, including pain and relief, self-control, self-efficacy, expectations, partner support, and early mother-

infant contact^[13]. Janssen suggested that the nature of care, the extent and quality of nurse-patient communication, the provision of relevant information, emotional support, and early maternal-newborn interaction are significant predictors of maternal satisfaction^[14]. These core factors, identified by different scholars, reflect the complexity and multidimensional nature of labor and delivery satisfaction. Although various maternal satisfaction assessment tools have been developed, there is considerable heterogeneity in the instruments used to measure satisfaction with labor and delivery.

3. Maternity Birth Satisfaction Measurement Tool

Based on a review of relevant literature both domestically and internationally, three commonly used assessment tools for maternity birth satisfaction are outlined below. (1) Mackey's Childbirth Satisfaction Rating Scale (MCSRS) was created in the United States by Mackey^[3]. It was created in the United States to evaluate the satisfaction of women who have had a transvaginal delivery in a full-term pregnancy, including self, baby, doctor, midwife, partner satisfaction, and overall satisfaction. It focuses on determining maternal satisfaction by examining women's ratings of their experience with various participants in the labor event. However, compared to other scales, the MCSRS lacks a component that evaluates women's perceptions of the labor environment. (2) The Women's Views of Birth Labor Satisfaction Questionnaire (WOMBLSQ) was compiled by British scholar Smith in 2001^[15]. This tool assesses women's satisfaction with childbirth in various settings, including home births, community birthing centers, and hospital labor wards. It also evaluates satisfaction across different modes of delivery and special circumstances, such as induced labor and complications. The WOMBLSQ is particularly useful in studies focused on improving care models during labor and delivery. (3) The Care in Obstetrics: A Measure For Testing Satisfaction (COMFORTS) scale was developed in Canada by Janssen^[14]. An instrument was developed in Canada in 2006 to assess satisfaction with pre-discharge labor and delivery care. It has been widely cited in the United States and other countries and was cross-culturally validated in Spain in 2012. However, there is currently no independently developed or Chinese version of the childbirth satisfaction scale available in China. Currently, the Chinese version of the Childbirth Experience Questionnaire (CEQ-C) and the CEQ 2.0 are used in China^[6,16]. The CEQ-C was introduced by Zhu Xiu et al. and is suitable for investigating women's childbirth experiences across different regions of China and various postpartum periods. However, the CEQ-C lacks comprehensiveness in its dimensions. Some studies have shown that the childbirth experience is associated with factors such as fetal health and mother-infant interaction^[6].

At present, the scales used internationally to assess satisfaction with childbirth are diverse and focused, but have certain limitations: the MCSRS focuses more on participant satisfaction, the WOMBLSQ applies to multi-scenario and multi-modality births, and the COMFORTS emphasizes the quality of nursing services. However, these tools have not yet comprehensively covered the evaluation of the labor environment and psychological feelings of mothers. Although childbirth experience scales such as CEQ-C have been introduced in China, they are still not perfect in terms of assessment dimensions and lack scales specifically developed for China's cultural and medical environments. Future studies should further optimize the existing assessment tools or develop localized scales to more comprehensively reflect maternal satisfaction with childbirth and care needs.

4. Current status of research on the maternal experience of childbirth

4.1. Level of satisfaction with the maternity experience

Both national and international surveys show significant variation in maternal satisfaction with childbirth, with differences often related to the assessment tools used and the level of care provided. For example, a Spanish study found, through the use of the COMFORTS survey, that 95% of mothers were satisfied with the care they received during and after childbirth^[17], while a Chilean survey showed that only 49.4% of mothers were more satisfied, and emphasized the influence of the quality of service provided by healthcare personnel and environmental factors on satisfaction^[18]. It also emphasizes the influence of the quality of service of medical personnel and environmental factors on satisfaction. Domestic studies such as Liu's survey in Shanghai also found high levels of satisfaction among women, but the study used a self-administered questionnaire that may have overestimated maternal satisfaction^[19]. However, this study used a self-administered questionnaire and may have overestimated maternal satisfaction. These findings underscore the importance of using reliable and valid assessment tools that are culturally appropriate and suited to the level of healthcare available when measuring maternal

satisfaction.

4.2. Factors Influencing Maternal Satisfaction with the Birth Experience

4.2.1. External factors

External factors such as medical interventions, information support, psychological and physiological support, and the delivery environment all play significant roles in shaping maternal satisfaction with the birth experience. For instance, Zhou's study found that labor analgesia notably increased satisfaction among first-time mothers and positively influenced their willingness to have a second child^[20]. Similarly, a study conducted in Guangdong Province demonstrated that labor analgesia, along with interventions like the use of a labor balloon, significantly improved maternal somatic control, reduced anxiety and pain, and increased satisfaction^[21]. Additionally, mother-infant skin-to-skin contact has been recognized as a key practice that enhances emotional well-being and improves the overall quality of care^[22]. However, the effectiveness of medical interventions can vary. A study by Fumagalli in 2019 highlighted that excessive medical interventions may reduce maternal satisfaction^[2]. Therefore, healthcare professionals need to tailor interventions according to individual needs and avoid unnecessary procedures during labor. Meeting maternal needs, providing timely responses, ensuring effective communication, and promoting shared decision-making are key factors in enhancing maternal satisfaction levels^[23]. Research has shown that maternal perceptions of healthcare support and their self-assessment of health significantly influence satisfaction with the birth experience^[24]. The impact of external factors on labor and delivery satisfaction is complex and multidimensional. While moderate interventions and individualized support can enhance satisfaction, unnecessary interventions may have counterproductive effects. Therefore, patient-centered care that aligns with the individual needs of mothers is essential for improving the overall birth experience.

4.2.2. Internal factors

Socio-demographic and psychological factors are closely related to maternal satisfaction with labor and delivery. Tadel found that age, education level, reason for hospital visits, and waiting time were significantly associated with satisfaction with delivery services^[25]. Highly educated women, in particular, were more likely to express dissatisfaction, especially regarding the delivery of information. One-third of highly educated women reported difficulty in understanding the information they received about labor and delivery^[26]. This may be due to their higher levels of knowledge, greater learning ability, and higher expectations for pregnancy and childbirth. When the medical information they receive does not meet these expectations, their satisfaction tends to be lower. Moreover, several studies have indicated that experienced mothers tend to be more satisfied with labor and delivery than primiparous mothers. This could be because experienced mothers are more familiar with the labor process, have prior knowledge about childbirth, and generally have more realistic psychological expectations^[27]. This may be related to the fact that experienced mothers are familiar with labor and delivery and have better psychological expectations. This also suggests that medical personnel should pay attention to prenatal education to help primiparous women understand the process of labor and how to cope with pain, to alleviate their anxiety. In addition, childbirth self-efficacy is closely linked to maternal satisfaction. Childbirth self-efficacy refers to a pregnant woman's confidence in her ability to successfully navigate natural childbirth. A higher level of self-efficacy is associated with more positive feelings and greater satisfaction with the childbirth experience^[28,29]. Studies have shown that women with higher self-efficacy tend to report higher levels of satisfaction with their labor. In conclusion, healthcare professionals should tailor interventions to meet the specific needs of different mothers. By enhancing prenatal education, providing timely and accurate information, and boosting self-efficacy, medical staff can help mothers achieve a more positive birth experience and greater satisfaction.

5. Improvements in perinatal maternal satisfaction with the birth experience

Childbirth is a complex and multifaceted experience that involves both the process of labor and delivery for the mother and the outcome of a safe delivery for the baby^[30]. Satisfaction with the childbirth experience is influenced by various factors throughout the continuum of care. Research has shown that maternal satisfaction can be enhanced not only by standardized clinical measures but also by addressing the needs of mothers during the prenatal, intrapartum, and postpartum phases. Based on the continuum of care model and existing literature on factors influencing satisfaction, the following strategies can help improve maternal satisfaction at each stage:

5.1. Prenatal Preparation Stage

5.1.1. Focus on the construction of a humanistic environment for childbirth

Safety and care are fundamental components of obstetric care and key factors influencing maternal satisfaction^[31]. Medical institutions should prioritize creating a comfortable and supportive environment, both physically and psychologically, to ensure mothers feel safe during childbirth. This includes providing sound infrastructure, appropriate medical equipment, and a warm, welcoming atmosphere. Such an environment can help alleviate maternal stress, build trust, and foster a positive birth experience.

5.1.2. Provide Positive Narrative Childbirth Education

Systematic childbirth education is vital in empowering women with knowledge, which enhances their sense of control during labor, reduces anxiety, and increases overall satisfaction with the childbirth experience^[32]. Furthermore, the way birth experiences are shared significantly impacts maternal perceptions. Negative narratives about childbirth can trigger fear and anxiety, while positive, empowering stories can boost confidence and promote healthier psychological responses^[33,34]. To support this, childbirth education programs should focus on sharing positive birth stories and provide accurate information to help reduce fear. Additionally, media and internet platforms should be encouraged to spread positive birth narratives, helping to shift societal attitudes and normalize the experience of childbirth in a positive light.

5.1.3. Evidence-based provision of antenatal counseling

The prenatal period is a critical time for women to build trust and establish a strong relationship with their caregivers. Effective antenatal counseling can provide essential health education, information, and emotional support, all of which are key to boosting maternal confidence, alleviating fear, and improving self-esteem and self-efficacy^[35]. Women who receive professional counseling are more likely to develop trust in their caregivers, which in turn leads to higher levels of satisfaction with their care^[31]. According to the World Health Organization (WHO), evidence-based guidelines for antenatal care emphasize the importance of a holistic approach, including nutritional support, maternal and fetal assessments, preventive care, and management of common physical symptoms^[36]. It is recommended that antenatal counseling be delivered by skilled, experienced professionals, such as midwives or obstetric specialists, within a supportive and patient-centered environment. This approach should not only address physical health concerns but also prioritize the psychological well-being of the mother, ensuring that her emotional and informational needs are met throughout the prenatal period.

5.1.4. Joint planning of delivery

Developing a birth plan in collaboration with a healthcare provider significantly enhances a woman's sense of control and participation in the childbirth process, ultimately improving satisfaction during labor and delivery^[37]. A study conducted by Chunyi Gu's team in 2016 demonstrated that incorporating birth planning into prenatal care increased maternal satisfaction during labor and delivery, while also contributing to better birth outcomes^[38]. A birth plan offers an essential opportunity for pregnant women to actively participate in decision-making and communicate their preferences regarding the birth process. By discussing options for pain management, birth environment, and the roles of caregivers, a personalized birth plan can ensure that the woman's needs are met and her wishes are respected. It is recommended that obstetric service providers continue to promote the use of birth plans, drawing upon evidence-based practices from both domestic and international models. Collaboration between healthcare providers and expectant mothers in developing a tailored birth plan can foster a supportive, patient-centered care experience and improve overall maternal satisfaction.

5.2. Stages of labor and delivery

5.2.1. Scientific and standardized implementation of delivery interventions

A study published in *The Lancet* emphasizes the importance of minimizing unnecessary medical interventions during childbirth, while also ensuring that women are actively involved in decision-making when interventions are necessary^[39]. The study advocates for the provision of high-quality, evidence-based labor care that respects the autonomy and preferences of the mother. Reducing unnecessary interventions can not only lower the risk of complications but also improve maternal satisfaction. The implementation of standardized practices, such as avoiding routine manual rupture of membranes, minimizing the use of excessive fetal monitoring (e.g., intermittent Doppler monitoring of fetal heartbeats), and restricting the use of episiotomy, is particularly important for low-risk women. These

practices help promote a natural birth experience and avoid unnecessary discomfort or complications, leading to improved satisfaction with the birth process. Healthcare providers should focus on promoting best practices and the use of evidence-based guidelines to ensure that interventions are conducted only when truly necessary and are performed in a way that aligns with the mother's preferences and expectations. The goal is to provide a supportive and respectful environment that fosters a positive labor experience.

5.2.2. Provide personalized birth support

During labor and delivery, the emotional and physical support provided by nurses, midwives, and healthcare professionals plays a crucial role in shaping a mother's experience and satisfaction. A study has shown that when women receive personalized care, including clear information and consistent emotional support throughout labor, their satisfaction with the birth process significantly improves^[31]. Currently, in China, there is a strong focus on clinical outcomes such as reducing maternal mortality and cesarean section rates. However, the emotional well-being and the psychological aspects of labor, including respecting the mother's autonomy and providing tailored care, often receive less attention. To improve maternal satisfaction, healthcare providers need to adopt a more holistic approach that prioritizes the emotional and psychological needs of the mother. It is recommended that nursing staff offer continuous support and guidance throughout labor, ensuring that mothers receive real-time explanations about physical changes and the progression of labor. Additionally, healthcare providers should offer psychological preparation, helping mothers manage their expectations and emotional responses. By providing respectful, compassionate, and empowering care, healthcare professionals can help mothers feel supported and valued, leading to a more positive childbirth experience.

5.2.3. Encouraging positive personal control

Personal control during labor is a key factor in maternal satisfaction. Women who feel they have control over their birthing experience tend to report higher levels of satisfaction, as they feel empowered and less anxious^[3]. It is recommended to actively involve women in decision-making during labor, providing them with the necessary information to make choices that align with their preferences. This could include allowing for freedom of movement, offering a variety of pain relief options, and supporting natural birth positions. Empowering women in these ways can reduce feelings of helplessness and contribute to a more positive and satisfying childbirth experience^[40].

5.2.4. Improved methods of labor pain control

Pain management is one of the most critical aspects of ensuring a positive labor experience. The intensity of labor pain is strongly correlated with maternal satisfaction, making effective pain management essential for enhancing the childbirth experience^[19]. While labor analgesia remains a widely used method, the lack of consensus on its impact on overall satisfaction across different cultures suggests the need for personalized and diverse approaches to pain relief^[20]. In addition to pharmacological interventions, a range of non-invasive techniques should be prioritized to manage labor pain and enhance maternal comfort. These techniques can include the use of perineal hot packs, Lamaze breathing methods, breathing exercises during the second stage of labor, massage, and the use of music or other forms of relaxation interventions. Research suggests that when pain is managed effectively and women feel that their preferences for pain relief are respected, their overall satisfaction with labor increases. Therefore, it is important for healthcare professionals to offer a comprehensive range of pain relief options—both pharmacological and non-pharmacological—and to involve the mother in making choices about which methods will best meet her needs and preferences.

5.3. Post-natal recovery and support

5.3.1. Focus on mother and child health and interaction

The immediate postpartum period is critical for both maternal and newborn well-being. Studies show that skin-to-skin contact between the mother and newborn immediately after birth significantly improves maternal satisfaction and contributes to better emotional well-being for both mother and child^[31]. This practice not only promotes bonding but also supports the physiological transition for the newborn, including regulating temperature, and heart rate, and initiating breastfeeding. However, a 2023 survey pointed out that significant gaps still exist in the implementation of Early Essential Newborn Care (EENC) practices, as recommended by the WHO, in various regions^[41]. These practices include delayed umbilical cord clamping, early initiation of breastfeeding, and skin-to-skin contact, all of which have been shown to enhance both maternal satisfaction and infant health outcomes. To improve maternal satisfaction and

promote the health of both mother and baby, healthcare workers should prioritize and standardize EENC practices. It is recommended that mothers be informed about the importance of these practices before delivery so they can advocate for their implementation during labor. Healthcare providers should also ensure that mothers have the opportunity to see, hold, or breastfeed their newborn as soon as possible after birth, as this promotes emotional bonding, supports breastfeeding initiation, and enhances maternal satisfaction. By reinforcing the importance of early mother-infant interaction and making these practices routine, healthcare professionals can significantly improve the birth experience and support long-term health outcomes for both mother and child.

5.3.2. *Guaranteeing the presence and support of loved ones*

Postpartum support from loved ones plays a crucial role in enhancing maternal satisfaction and well-being. Studies have shown that women are more satisfied with their childbirth experience when they are accompanied by their spouses or other close family members during hospitalization^[2]. This support system can help reduce feelings of isolation and anxiety, providing emotional stability during the challenging recovery period after childbirth. Spouses, in particular, have been found to have a significant impact on breastfeeding outcomes, including the decision to breastfeed, the rates of breastfeeding, and its duration^[42]. This underscores the importance of involving partners in the postpartum care process. Spouses and other family members can provide essential emotional support, assist with newborn care, and help mothers navigate the challenges of early motherhood. Their involvement not only boosts maternal satisfaction but also contributes to better breastfeeding practices, which are beneficial for both mother and baby. Healthcare institutions should encourage the presence of partners, family members, or close friends during the postpartum period to foster a supportive and nurturing environment. This approach helps meet the emotional and physical needs of the mother, reduces stress, and alleviates negative emotions, creating a sense of security and promoting a more positive overall birth experience. In conclusion, integrating the presence and support of loved ones into postpartum care is essential for improving maternal satisfaction, supporting breastfeeding success, and enhancing the emotional and psychological well-being of mothers during their recovery.

6. Summary

Improving maternal satisfaction with childbirth is crucial not only for enhancing the birth experience but also for influencing women's future reproductive decisions, such as their willingness to have more children and choose delivery methods. In the context of China's "three-child policy," prioritizing maternal satisfaction could help reduce cesarean section rates, boost fertility, and address the challenges of an aging population. Currently, most studies on maternal satisfaction in China rely on self-administered questionnaires or single evaluation indices, which limits the exploration of influencing factors and the development of systematic interventions. Future research should focus on developing standardized assessment tools to enhance comparability and reliability. Longitudinal and qualitative studies are also needed to better understand the factors affecting maternal satisfaction. Moreover, personalized care plans should be tailored to individual needs, including factors such as medical history, psychological well-being, and birth preferences. Strengthening the involvement of healthcare providers, families, and society is vital to creating a supportive environment throughout pregnancy, childbirth, and postpartum recovery. Finally, policy support should extend beyond the healthcare sector to the social sphere, with initiatives such as parental leave and family-friendly workplace policies. By improving the quality of midwifery services and adopting a holistic approach to maternal care, we can enhance the childbirth experience and maternal health outcomes, ultimately raising the overall standard of care in China.

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